

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/049196</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		**	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			/				51				
2			/	/			52				
3			/	/			53				
4			/	/			54				
5			/	/			55				
6			/	/			56				
7			/	/			57				
8			/	/			58				
9			/	/			59				
10			/	/			60				
11			/	/			61				
12			/	/			62				
13			/	/			63				
14			/	/			64				
15			/	/			65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			/				TOTAL IND.				
TOTAL DEP.			/				TOTAL DEP.				
TOTAL CLAIMS			12				TOTAL CLAIMS				